

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1597

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY <u>Maricopa</u> B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <u>Wickenburg</u> C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>14 days 7 hrs</u> D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Community Hospital</u>	2. USUAL RESIDENCE, (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u> C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Wickenburg</u> D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Prescott St.</u>	
	3. NAME OF DECEASED A. (FIRST) <u>Ignacio</u> B. (MIDDLE) <u>L.</u> C. (LAST) <u>Garcia</u> 4. SEX <u>Male</u> 5. COLOR OR RACE <u>White</u>	
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 7. DATE OF BIRTH <u>March 10 1892</u> 8. AGE <u>79</u> YEARS <u>0</u> MONTHS <u>12</u> DAYS 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Retired common laborer</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Common laborer</u> 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u> 11. CITIZEN OF WHAT COUNTRY? <u>USA</u> 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u> 13. SOCIAL SECURITY NO. <u>none</u>	
14A. FATHER'S NAME <u>Ignacio R. Garcia</u> 14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u> 15A. MOTHER'S MAIDEN NAME <u>Manuela La-mabil</u> 15B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>		
16. INFORMANT'S SIGNATURE <u>Rita Garcia</u> ADDRESS <u>Wickenburg Arizona</u> 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>3-22-51</u>		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>cerebral accident</u> DUE TO (c) <u>2 days</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>2 wks</u>
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 21C. (CITY OR TOWN) (COUNTY) (STATE)		
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21F. HOW DID INJURY OCCUR?		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>past 10 years</u> 19 <u>1941</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>3-21-51</u> 19 <u>4:45 A.M.</u> AND THAT DEATH OCCURRED <u>FROM THE CAUSES AND ON THE DATE STATED ABOVE.</u>		
23A. SIGNATURE (DEGREE OR TITLE) <u>Hayden Bralman MD</u> 23B. ADDRESS <u>Wickenburg Arizona</u> 23C. DATE SIGNED <u>3-24-51</u>		
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> 24B. DATE <u>3-26-51</u> 24C. NAME OF CEMETERY OR CREMATORY <u>Wickenburg</u> 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Wickenburg Arizona</u>		
25A. DATE REC'D BY LOCAL REG. <u>3-24-51</u> 25B. REGISTRAR'S SIGNATURE <u>Maomi Coffinger</u> 26. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Coffinger</u> 27. EMBALMER'S SIGNATURE <u>H. L. Coffinger</u> CERT. NO. <u>188-H</u>		